

## State of California—Health and Human Services Agency

# Department of Health Care Services



# CalAIM Behavioral Health Workgroup Charter

October 2019

#### **Background**

California Advancing and Innovating Medi-Cal (CalAIM) is a multi-year DHCS initiative to implement overarching policy changes across all Medi-Cal delivery systems, with the objectives of:

- 1. Reducing variation and complexity across the delivery systems;
- 2. Identifying and managing member risk and need through population health management strategies; and
- 3. Improving quality outcomes and driving delivery system transformation through value-based initiatives, modernization of systems, and payment reform.

### **Purpose**

To fulfill the objectives of the CalAIM initiative, DHCS is considering several independent but complimentary proposals to invest in and improve access to mental health (MH) and substance use disorder (SUD) services for Medi-Cal beneficiaries. These proposals are transformative, but all conceptualized with beneficiaries in mind to improve health outcomes and improve coordination across delivery systems. DHCS is exploring the following proposals to improve the way MH and SUD services are delivered to beneficiaries:

- MH and SUD Payment Reform;
- Revisions to Medical Necessity Criteria for Specialty Mental Health Services;
- · County-Level MH and SUD Integration; and
- MH Institutions for Mental Disease (IMD) 1115 Waiver Opportunity.

MH and SUD payment reform is the foundation for the proposals listed above. DHCS is proposing to transition counties from a cost-based reimbursement methodology to a structure more consistent with incentivizing outcomes and quality over volume and cost. This shift will enable counties to participate in broader delivery system transformation, engage in value-based payment arrangements with other delivery system partners, and make long-term investments in the MH and SUD delivery systems at the local level. This proposal will only be discussed in the Behavioral Health Payment Reform subworkgroup to ensure that the appropriate level of fiscal expertise is included in payment reform discussions.

Another significant proposal is county-level MH and SUD integration. Currently, DHCS provides Medi-Cal covered MH and SUD services through two separate county-operated delivery systems. This results in administrative inefficiencies and makes it difficult for counties to provide integrated care for beneficiaries with both MH and SUD needs. The goal of this proposal is to make necessary state and county changes to enable MH and SUD services through a single contract.

DHCS is also proposing to make changes to the medical necessity criteria for specialty mental health services to clarify beneficiary eligibility, service intervention requirements, and to streamline treatment planning and documentation.

Finally, DHCS is interested in assessing county and stakeholder interest in pursuing the MH IMD 1115 waiver opportunity which would allow the state to receive federal funding for services rendered in an IMD.

## **Workgroup Scope and Objectives**

DHCS has established the CalAIM Behavioral Health workgroup to give stakeholders an opportunity to provide feedback on DHCS' proposals. Workgroup members will participate in a series of discussions on these proposals and are expected to:

- Review, consider, and provide feedback on proposed changes to the reimbursement structure for county-level MH and SUD services;
- Review, consider, and provide feedback on proposed revisions to the medical necessity criteria for specialty mental health services;
- Discuss opportunities and challenges related to integrating county-level MH and SUD programs under a single contract, to be operated by a single county or multiple counties acting jointly to offer services at a regional level; and,
- Offer feedback on the opportunities, challenges, and considerations for pursuing the MH IMD 1115 waiver opportunity that would allow counties to receive federal reimbursement for services furnished to Medicaid eligible beneficiaries while they are in an IMD.

#### **Deliverables**

- DHCS will provide an agenda, written proposals, key questions, and relevant discussion materials for review in advance of each workgroup meeting.
- DHCS will provide meeting notes and a summary of each workgroup discussion to all workgroup members and other key interested parties.
- Other deliverables may be identified and developed during the course of the workgroup process.

### **Workgroup Expectations**

- Workgroup members must commit to attend several in-person meetings in Sacramento beginning in November 2019;
- Members are expected to participate in person—all meetings will be held in Sacramento;
- The workgroups will be a solution-focused, collegial environment for respectfully expressing different points of view;
- The workgroup meetings will be a mechanism for direct communication and problem solving with DHCS;
- Members may be asked to provide and/or present information to the workgroup;
- DHCS will not pay a per diem or compensate members for expenses, including travel and related costs to attend meetings; and
- All meetings will be held in accordance with the Bagley-Keene Open Meeting Act.

## **Meeting Schedule**

The CalAIM Behavioral Health workgroup meetings will take place on the following dates. All meetings will be held in the 1st floor conference room at 1700 K Street, Sacramento, CA 95811. Meetings will not start before 10 a.m. or end past 4:00 p.m. Subgroup topic areas, agendas, and times for each meeting will be finalized closer to the meeting date. The number of workgroup meetings will be tailored based on the discussions that take place; all ten meeting dates may not be needed.

- Friday, November 8th, 2019
- Friday, December 13th, 2019- Payment Reform Workgroup Only
- Friday, December 20th, 2019
- Friday, January 10th, 2020- Payment Reform Workgroup Only
- Thursday, January 23rd, 2020
- Friday, January 24th, 2020
- Thursday, January 30th, 2020
- Tuesday, February 4th, 2020- Payment Reform Workgroup Only
- Wednesday, February 26th, 2020
- Thursday, February 27th, 2020

#### **Lead DHCS Staff**

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